## A RESOLUTION

## BY PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE

A RESOLUTION AUTHORIZING THE SETTLEMENT OF THE CLAIM OF EDWARD M. BAILEY IN THE AMOUNT OF \$5,048.26 AGAINST THE CITY OF ATLANTA ARISING FROM A SEWER BACK UP.

WHEREAS, EDWARD M. BAILEY has filed a claim against the City of Atlanta seeking damages arising out of a sanitary sewer back up to his property located at 308 E. Rhine Hill Road, SE, Atlanta, Georgia; and

WHEREAS, property owned by EDWARD M. BAILEY has been damaged due to a sewer back up and sewer overflow resulting from a blockage of the South River trunk line. This blockage is due to an accumulation of storm water in the system which the City had knowledge of prior to the back up which occurred on April 2, 2000 specifically; and

WHEREAS, the City of Atlanta was on notice of said nuisance and failed to respond and successfully abate said nuisance; and

WHEREAS, inasmuch as the facts disclosed indicate said claim is not based on a claim of negligence, but is a nuisance which is not subject to a defense of sovereign immunity under the laws of the State of Georgia; and

WHEREAS, the claimant has asserted damages in the amount of \$5,048.26 and has agreed to accept this sum in full and complete satisfaction and settlement of his claim against the City of Atlanta; and

**WHEREAS**, the City Attorney has recommended that the claim of EDWARD M. BAILEY, be settled for the sum of \$5,048.26.

**THEREFORE, BE IT RESOLVED** that the Council of the City of Atlanta, Georgia that \$5,048.00 be paid by the City of Atlanta to EDWARD M. BAILEY, in satisfaction of any and all claims he may have stemming from damages sustained to his property on or about April 2, 2000, at 308 E. Rhine Hill Road, SE, and that the City Attorney prepare appropriate releases.

**BE IT FURTHER RESOLVED** that the Chief Financial Officer is hereby authorized to pay the above mentioned sum from account number 2J01/529017/T31001.

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0313	Date: <u>November 3, 2000</u>
Claimant Wisting EDWADD M DAILEN	
Claimant / Victim EDWARD M. BAILEY	
BY: (Atty) (Ins. Co.)  Address: 308 Rhine Hill Road, SE, Atlanta, Georgia	20215
	48.26 Bodily Injury \$
Date of Notice: 5/17/00 Method: Writte	n, Proper X Improper
	Ante Litem (6 Mo.) X
Date of Occurrence 4/2/00 - 4/7/00 Pla	ace: 308 Rhine Hill Road, SE
Department PUBLIC WORKS Division Sewer	oce: 308 Rhine Hill Road, SE Operations
Employee involved	Disciplinary Action:
NATURE OF CLAIM: Claimant sustained property da	mages to his residence from a sanitary sewer back up. An
investigation determined that Claimant's back up continued for	or some length of time and the City was on notice of said sewer
problem, but failed to respond and correct the problem within	a reasonable time.
INVESTIGATION:	
Statements: City employee X Claimant X	Others OralX
	Dept Report X Other X
	_ Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
DASIS OF RECOMMENDATION.	
Function: Governmental X	Ministerial
Improper Notice More than Six Months	Ministerial Other Damages reasonable X
City not involved Offer rejected	Compromise settlement
	Repair/replacement by City Forces
Claimant Negligent City Negligent X	Joint Claim Abandoned
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	Respectfully submitted,
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	INVESTIGATOR - GWENDØLYN BURNS
RECOMMENDATION:	3
D. S. TOURS ( ) ( ) ( )	
	count charged: 1A01 2J01 X 2H01
Claims Manager:	Concur/date / f - 02 R
Committee Action:	_Council Action
FORM 22-61	
FORM 23-61	

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall

55 Trinity Avenue, S.W. Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 472420n

SB

ENTERED - 5-19 - SB

Dear Municipal Clerk:	00L0313 - 1	MIKE REEVES	Ä.	. 4) /		
This is to notify the City of Atlanta  \$ bodily injury for			at sum of \$ \(\frac{1}{\sqrt{1}}\)	nroperty property	and /or	
1. Date of incident: $4-2-20$	W 2. Time	of Incident:	3. Police	called:		
(month/day	y/year).	0 . 0	11-1101	Yes	No	
(month/day 4. Location of incident (including st	reet address) : <u>508</u>	s cast & ho	ne 47/1(d	- Atlank, Ga.	30315	
5. Name of your insurance company	/ <b>:</b>		Policy No			
6. State what and how incident occu	irred: I had be	en out of tow	n for a cery	play Days ano	6.k	
intown and I had to yo	domostaise in	do my Buse	neit to g	t som-forderto	A He	
Deep leazer and be	chold I had A	Busenest 5	iwinning poo	1 of RAW Ser	inge	
5. Name of your insurance company  6. State what and how incident occur  in town and I had to you  Deep flesser and be  Floating into my full Bu	sent There	uns daw A	ruman speare	s floating eve	nywhee	
<ol> <li>ALL ESTIMATES AND DAMAGE RESULT IN YOUR CLAIM BEID AND THE SECOND STATE OF THE SECOND STATE OF THE SECOND SE</li></ol>	NG DENIED AND MA 〜 しっちせん のい the claim for vehicle da	Y RESULT IN CR	IMINAL PROSECT Fue of 111 re following and att	CUTION!		
Your vehicle:(Make)	(Year)	(Tag Numbe	er)	(Driver's Name)		
City vehicle:						
(Make)	(City Drive	er's Name)	(De	partment/Bureau)		
9. Witness:			· · · · · · · · · · · · · · · · · · ·	N. L.		
(Name)		(Address)	(1	elephone Number)		
10. The acknowledgement of this cla State law, nor is it an admission	-	_	•	_		
11. This claim should be mailed imm	nediately to the address	11/1	~ 1 · .	0 1		
I HEREBY SWEAR OR AFFIR		E MK. 8	Edward M	· BAILEY		
INFORMATION IS TRUE ANI	D CORRECT.	0.00	· À,	mant's Name)		
I'M Chuma I' Bo	whe	<u> 308 E</u>	ast Khine	4911 Fil		
Signature of Claimant	>	AHI Go	36315	ress)		
			(City, State and Zip Code) HO4- 622-802			
		(Wo	rk Number)	(Home Number)		